

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : William Shaw
Serial No. : 10/762,816
Filed : January 22, 2004

Art Unit : 3774
Examiner : Alvin J. Stewart
Confirmation No.: 6207
Notice of Allowance Date: August 20, 2010

Title : MEDICAL DEVICES

MAIL STOP ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed August 20, 2010, enclosed is a completed issue fee transmittal form PTOL-85b. Please charge Deposit Account No. 06-1050 \$1810 for the required issue fee and publication fee.

Please apply any additional charges or credits to our Deposit Account No. 06-1050.

Respectfully submitted,

Date: November 10, 2010

/Geoffrey P. Shipsides, Reg. No. 55,617/
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**FISH & RICHARDSON P.C.
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/762,816	01/22/2004	William J. Shaw	10527-0455001	6207

TITLE OF INVENTION: MEDICAL DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$1810	11/20/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
STEWART, ALVIN J.	3774	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

[] Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

[] "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Fish & Richardson P.C.**

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Boston Scientific Scimed, Inc.

Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): [] individual [X] corporation or other private group entity [] government

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5. Change in Entity Status (from status indicated above)

[] a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. [] b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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(Authorized Signature) Geoffrey P. Shipsides, Reg. No. 55,617

Typed or Printed Name Geoffrey P. Shipsides

(Date) November 10, 2010

Registration No. 55,617

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